

March 26, 1902, he was returned to prison. While there he had quite often fever, headaches, and his pupils were dilated. They gradually grew less in frequency. January 16, 1904, he was pardoned, mainly on the physician's certificate. After his discharge, he married, and worked at his former trade. Occasionally similar attacks recur, but they are of short duration, and not as intense as formerly. He shows good appreciation for his condition.

Wilmann considers the various possible diagnoses, such as katatonia, epilepsy and brain abscess (the last on account of the few focal symptoms of fever). He finally accepts the diagnosis of hysterical prison psychosis. He emphasizes the fact that the psychotic manifestations were reactionary to environmental influences and ophthalmoplegia interna was purely a hysterogenic expression.

M. J. KARPAS (New York).

MISCELLANY

THE LESIONS OF THE CEREBELLUM IN PARESIS. Anglade and Letreille. (*L'Encephale*, 1907, October 25th, Vol. 212, No. 9, p. 3651.)

By a special method of staining neuroglia, here described, Anglade convinces us of the error of Weigert's opinion that the granular layer of the cerebellar cortex contains no neuroglia cells. Having illustrated the topography of the cerebellar neuroglia in general, the authors show, in a beautiful series of plates, the changes found in the cerebellum in about two-thirds of their cases of paresis. In the meninges, however, signs of inflammation exist in all cases, and these extend deeply into the septa. The process is characteristically transmitted to the subjacent neuroglia; which instead of appearing here as a few isolated fibers, then shows as a network with bands extending deep into the molecular layer, and may even form distinct cortical patches. They describe and illustrate, in detail, the lesions in the different layers, and conclude that this meningo-cortical process is characteristic of dementia paralytica, being found neither in the senile nor any other cerebellar atrophy. The appearances are almost schematic, and very easy to interpret, and are chiefly characterized by the preponderance of interstitial changes.

They allude to the forthcoming thesis of Latreille in which will be compared the above lesions with those found in meningo-encephalitic idiocy.

TOM A. WILLIAMS (Washington, D. C.).

HEMI-TONOCLONIC POST-HEMIPLEGIC SYNDROME—ITS RELATION TO OTHER POST-HEMIPLEGIC MOTOR TROUBLES. G. Etienne. (*L'Encephale*, 1907, 25th July, Vol. II, p. 1.)

A woman who became hemiplegic at 49, and remained severely contracted five years later, presented a state of erythism of the muscles of such a degree that the mere touch of a fold of the sheet would cause a violent clonus of the whole right lower limb. These clonic contractions are also produced when she attempts to rise or make any involuntary movement of the leg, and also when an effort of attention or an emotion supervenes. When a deliberate attempt is made to move the limb the clonus does not occur, but is replaced by a cramp-like tonic contraction. This tonic contraction occurs also at rest, while either movement may occur during sleep and awaken the patient. In consequence of their activity, the

For immediate application, it might seem wise to rather speak for a broader coefficient of maturity in which the sex maturity would get its due but not too *exposed* a position. If we should demand for the sizing up of a child the traditional items of efficiency in school tasks, fitness in conduct demanded for a certain school and age, we might put under the line the index of the relation of body weight to the average weight of the age; further, an index of general health and working capacity, all of which are relative to sex maturity. It would already be an innovation to demand an index of physical efficiency and health as an essential feature in classing children into definite classes, and if we add to this the puberty issue as a not too conspicuous point we shall be more likely to carry our point with school boards, etc.

The paper is a most vigorous and noteworthy appeal to good sense, and deserves the attention of every physician.

ADOLF MEYER (New York).

THE DIAGNOSIS AND TREATMENT OF MENTAL DISEASES IN CHILDHOOD.

Raecke. *Deutsche medizinische Wochenschrift*, May 21, 1908.

Raecke divides all mental diseases in childhood into two parts: (1) congenital—idiocy, cretinism and imbecility; and (2) acquired—epilepsy, hysteria, catatonia, melancholia, mania, delirium accompanying infectious diseases, amentia, chronic paranoia and dementia paralytica. Epilepsy is usually manifested in early childhood by petit mal, twilight of consciousness and variability of mood. Not infrequently these epileptic stigmata pass unnoticed and the disease is not recognized till it is fully developed. Not in all instances can the peculiar mood and irritability in a hysterical child be differentiated from those of epilepsy. However, in the former they are usually reactionary to external influences. The relative frequency of manic depressive insanity and dementia præcox in childhood is not discussed, but allusions are made to catatonia, mania and melancholia. At the present state of psychiatric knowledge catatonia, mania and melancholia have no relative significance as far as clinical psychiatric realities are concerned and therefore for statistical purposes they are of no import. Delirium may occur in infectious diseases and it was observed in children of two or three years of age. Amentia or hallucinatory confusion is quite often seen in chorea minor. Chronic paranoia is extremely rare and the retrospective falsification of memory of childhood should not be regarded as an early symptom of this disease. Dementia paralytica often develops on a hereditary luetic basis in the twelfth year. In regard to treatment Raecke offers no specific measures or original ideas.

KARPAS (Ward's Island, New York).